

CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF MINORITY HEALTH



Enrolling Minority Communities in the Marketplace

Your Essential Health Benefits

Message from CMS OMH

The Affordable Care Act (ACA) requires “non-grandfathered” plans offered in the individual and small-group markets both inside and outside of the Health Insurance Marketplace to offer a comprehensive package of items and services known as “essential health benefits.”

- Non-grandfathered health plans are those that weren’t in existence on March 23, 2010, or plans that were in existence on that date, but have been changed in specified ways.
- The small-group market includes employers with 50 or fewer employees.

Insurance policies must cover these essential benefits in order to be certified and offered in the Health Insurance Marketplace. States expanding their Medicaid programs also must provide these benefits to people newly eligible for Medicaid. Specific health care benefits may vary by state. Even within the same state, there can be small differences between health insurance plans.

You’ll be able to apply, compare plans, and enroll in the Marketplace until March 31, 2014. Visit HealthCare.gov to learn about these health care benefits and how to enroll in a health care plan that meets your needs and fits your budget.

Did you know?

- If you have an individual insurance plan and want to change it, you can use the Marketplace to explore your options and enroll in a new plan.
- The ACA generally requires individual market plans to provide certain protections and benefits starting in 2014. These include:
 - Coverage of essential health benefits
 - Coverage of services for pre-existing health conditions

- Limits on how much your premiums can vary based on your age
- If you were enrolled in a plan in 2013 and are still enrolled in that plan, insurance companies offering individual plans can make changes to your plan to provide these benefits, or they may decide to offer you other individual plans rather than renew the plan that you have today.
- [Medicaid](#) and the [Childrens-Health-Insurance-Program-\(CHIP\)](#) cover millions of families with limited income. If it looks like you qualify, we'll share information with your state agency and they'll contact you. Many (but not all) states are [expanding Medicaid in 2014](#) to cover more people.

What essential health benefits are most health plans required to cover?"

- Essential health benefits must include items and services within at least the following 10 categories:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care

We're here to help

If you have a question about the Health Insurance Marketplace, call **1-800-318-2596**, 24 hours a day, 7 days a week. Help is **available in 150 languages**. TTY users should call 1-855-889-4325.

Online chat is also available 24/7 by visiting HealthCare.gov. Look for the "Connect With Us" box on the lower right hand corner of the page. Select "Questions?" and then select "Start Live Chat." You can also chat in Spanish by visiting CuidadoDeSalud.gov. You'll be connected to a customer service representative who can answer your questions.

Navigators and other in-person help: Visit localhelp.healthcare.gov to find help in your area.

To contact the CMS Office of Minority Health, please e-mail omh@cms.hhs.gov.